PART B-FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address

for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				cate of mailing can only be use	d for domestic mailings of the
RADER, FISHMAN & 1233 20th Street, N.W. Suite 501 Washington, DC 20036	GRAUER PLLC		Fee(s) Transmittal. This certificate cannot be used for any of papers. Each additional paper, such as an assignment or for have its own certificate of mailing or transmission. Certificate of Mailing or Transmission. Certificate of Mailing or Transmission. States Postal Service with sufficient postage for first class addressed to the Mail Stop ISSUE FEE address above, transmitted to the USPTO (571) 273-2885, on the date indicated to the USPTO (571) 273-2885, on the date indicated to the USPTO (571) 273-2885.		ed for any other accompanying nment or formal drawing, must on. ransmission being deposited with the United first class mail in an envelope ress above, or being facsimile
		A A			(Depositor's name)
		ATENT & TRA			(Signature)
					(Date)
APPLICATION NO.	FILING DATE	FIRST NAM	IED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/697,081	10/31/2003			SHO-0042	9728
TITLE OF INVENTION	N: GAMING MAC	HINE			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	no	\$1,510.00	\$300.00	\$1,810.00	10/07/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS		
E. M. Thomas 3714 1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list					
Address" (37 CFR 1.363). Change of correspondence address (or Correspondence Address form PTO/SB/12 "Fee Address" indication (or "Fee Address form PTO/SB/47; Rev 03-02 or more rece. Use of a Customer Number is required.		r Change of (22) attached. ss" Indication ent) attached. l. attorneys o (2) the name a registered up to 2 reg name is list	d. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
PLEASE NOTE: Unle for recordation as set (A) NAME OF ASSIGN ARUZE CORP.	ess an assignee is identifi forth in 37 CFR 3.11. Co NEE	ted below, no assignee data mpletion of this form is NO (1	T a substitute for filing an ag B) RESIDENCE: (CITY and Tokyo, JAPAN	STATE OR COUNTRY)	
Please check the appropriat	e assignee category or categ	ories (will not be printed on the	patent): Individual	Corporation or other private	group entity Government
4a. The following fee(s) are enclosed: x Issue Fee			4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.		
x Publication Fee	(No small entity discoun	t permitted) Paym	nent by credit card. Form PT	O-2038 is attached.	
X Advance Order	# of Copies		Director is hereby authorized sit Account Number	by charge the required fee(s), on 18-0013	or credit any overpayment, to
	atus (from status indicate ms SMALL ENTITY sta		b. Applicant is no longe	r claiming SMALL ENTITY st	atus. See 37 CFR 1.27(g)(2).
NOTE: The Issue Fee and	Publication Fee (if require	ssue Fee and Publication Fee d) will not be accepted from Patent and Trademark Office.	(if any) or to re-apply any pre anyone other than the applica	viously paid issue fee to the appli nt; a registered attorney or agent;	cation identified above. or the assignee or other party in

08/02/2011 SMOHAMM1 00000003 180013 10697081

August 1, 2011

29,211

Date

1510.00 DA

Carl Schaukowitch

Authorized Signature

Typed or printed name

Registration No.